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Bib Data Sheet

CONFIRMATION NO. 1732

<b>SERIAL NUMBER</b> 10/755,889	<b>FILING OR 371(c) DATE</b> 01/13/2004 <b>RULE</b>	<b>CLASS</b> 514	<b>GROUP ART UNIT</b> 1656	<b>ATTORNEY DOCKET NO.</b> D0284 NP
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**APPLICANTS**

Steven G. Nadler, Princeton, NJ;  
 Michael G. Neubauer, Skillman, NJ;  
 John N. Feder, Belle Mead, NJ;  
 Julie Carman, Lawrenceville, NJ;

**\*\* CONTINUING DATA \*\*\*\*\***

This appln claims benefit of 60/440,068 01/14/2003 and claims benefit of 60/469,757 05/12/2003 *M.M.*

**\*\* FOREIGN APPLICATIONS \*\*\*\*\*****IF REQUIRED, FOREIGN FILING LICENSE GRANTED**

\*\* 03/17/2004

Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Examiner's Signature <i>M.M.</i> Initials	<b>STATE OR COUNTRY</b> NJ	<b>SHEETS DRAWING</b> 55	<b>TOTAL CLAIMS</b> 18	<b>INDEPENDENT CLAIMS</b> 8
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**ADDRESS**

23914

**TITLE**

Polynucleotides and polypeptides associated with the NF-kappaB pathway

<b>FILING FEE RECEIVED</b> 1330	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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